



*Butler County Sheriff's Office*

*Criminal Investigations Division*

*Detective Daniel Turner #1805*

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*Offense Number: 2019-05-0470*

*Date: 05-21-2019*

*Complainant: David Lierer*

*Address of Incident: Reily Township*

*Offense: Unauthorized Use of property*

Investigation report prepared by Detective Turner #1805

On May 21st 2019, Detective Sergeant Whitlock and I began an investigation on \_\_\_\_\_, following a complaint from David Lierer, a former Reily Township employee, in reference to misuse of Township property. Mr. Lierer alleged that \_\_\_\_\_, a current Reily Township Trustee and \_\_\_\_\_, was using Township fuel in his personal vehicle. Mr. Lierer provided the Sheriff's Office with a photo of what appears to be \_\_\_\_\_ and his personal truck, parked by the Reily Township Fuel pumps, pumping gas.

Upon speaking to Mr. Lierer, he advised us that the Township fuel pumps are easily accessed by turning on a light switch located in a barn by the pump. He further stated that he has personally witnessed \_\_\_\_\_ pump gas into his personal vehicle over the past three years. On November 13th 2018, Mr. Lierer

drove by the pumps and witnessed [redacted] pumping gas into his personal truck. Mr. Lierer took a photo of the act. Mr. Lierer advised us that sometime during 2008 or 2009, during an extended power outage due to a hurricane, [redacted] allowed him to pump approximately five gallons of fuel into his personal vehicle. Mr. Lierer took his complaint to another Reily Township Trustee, Tim Miller, in January of 2019. Mr. Miller advised him that some kind of proof would need to be obtained before anything could be done.

Sergeant Whitlock and I made contact with [redacted] at the Reily Township Fire House. We advised him of the complaint that had been brought against him. Without hesitation, he admitted that over the past 38 years, he has used Township fuel in his personal vehicles. He stated that any time he uses his personal vehicle for Township purposes, he reimburses himself by adding no more than five gallons of fuel into his vehicle. [redacted] stated that it is a common practice and that he has done it for 38 years and did it as little as two weeks ago in order to haul an extractor. He advised us that he estimates that he has put fuel in his personal vehicle 10 times per year over the last 38 years. He stated that about two and a half years ago, the Township purchased a Fire Command vehicle for him and that his personal vehicle usage has gone down dramatically. [redacted] I did provide us with a written statement explaining his usage of the Township fuel.

We next spoke to Tim Miller, a Reily Township Trustee. He advised us that [redacted] does haul a lot of things for the Township in his personal truck and that he does not see a problem with him being reimbursed with Township fuel. He advised us that Mr. Lierer did tell him about the issue but there was no proof. Mr. Miller noticed that the Township fuel usage was increasing and that he pushed for better regulation of the Township fuel, resulting in a new pump and a new fuel tracking policy. Mr. Miller advised us that he has never used Township fuel in his personal vehicle.

Finally, we spoke to Nicholas Schwab, a Reily Township Trustee and fire fighter. He advised us that he has never personally used Township fuel in his personal vehicle and is not aware of anyone else doing it, to include [redacted] ..

None of the Trustees were able to provide us with a policy on how the Township is to handle fuel reimbursements. They advised us that they saw no problem in the way that \_\_\_\_\_ was being compensated for the use of his personal vehicle during Township usage.

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*Detective Daniel Turner*

*Butler County Sheriff's Office*

*Criminal Investigations Division*

AGENCY NAME <b>BUTLER CO. SHERIFF'S OFFICE</b>				*INCIDENT NUMBER <b>2019-05-0470</b>																																	
CALL NUMBER <b>19-096042</b>		*GEOCODE <b>05</b>		*CLEARANCES A <input type="checkbox"/> Death of Suspect      G <input type="checkbox"/> Arrest - Juvenile B <input type="checkbox"/> Prosecution Declined      H <input type="checkbox"/> Warrant Issued C <input type="checkbox"/> Extradition Denied      I <input type="checkbox"/> Invest. Pending D <input type="checkbox"/> Victim Refused to Coop.      J <input type="checkbox"/> Closed E <input type="checkbox"/> Juvenile/No Custody      K <input type="checkbox"/> Unfounded F <input type="checkbox"/> Arrest - Adult      U <input type="checkbox"/> Unknown																																	
TOD 08:01:17 TOA 08:01:17 TOG 11:00:00		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE																																			
<b>OHIO UNIFORM INCIDENT REPORT PART 1</b>																																					
MONTH: <b>05</b> DAY: <b>22</b> YEAR: <b>2019</b> TIME: <b>08:01:00</b>		MONTH: <b>01</b> DAY: <b>01</b> YEAR: <b>2019</b> TIME: <b>07:00:00</b>		MONTH: <b>05</b> DAY: <b>21</b> YEAR: <b>2019</b> TIME: <b>11:00:00</b>		*CLEARANCE DATE:      CLEARED BY:																															
INCIDENT LOCATION (Street Apt., City, State, Zip) <b>6376 REILY PEORIA Road REILY TOWNSHIP OH 54056-</b>																																					
*OFFENSE <b>Unauthorized Use Of Property - General</b>		*OFFENSE CODE <b>291304A</b>		*HATE/BIAS <b>A M 4</b>		*LARCENY <b>2 3</b>																															
						(Enter up to three for each offense) B. BUYING/RECEIVING C. CULTIVATING/MFG./PUB. D. DISTRIBUTING/SELLING E. EXPLOITING CHILDREN F. OPERATING/PROMOTING/ASSIST. G. POSSESSING/CONCEALING H. TRANSPORTING/TRANSMITTING I. USING/CONSUMING J. OTHER GANG ACTIVITY K. NO GANG ACTIVITY																															
*LOCATION OF OFFENSE (Enter up to two)																																					
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <b>RESIDENTIAL STRUCTURE</b>            01 Single Family Home            02 Multiple Dwelling            03 Residential Facility            04 Other Residential            05 Garage/Shed   <b>PUBLIC ACCESS BLDGS.</b>            06 Transit Facility            07 Government Office            08 School            09 College            10 Church            11 Hospital         </td> <td style="vertical-align: top;"> <b>COMMERCIAL LOCATIONS</b>            12 Jail/Prison            13 Parking Garage            14 Other Public Access Buildings            15 Auto Shop            16 Financial Institution            17 Barber/Beauty Shop            18 Hotel/Motel            19 Dry Cleaners/Laundry            20 Professional Office            21 Doctor's Office            22 Other Business Office            23 Amusement Center            24 Rental Storage Facility            25 Other Commercial Service Loc.         </td> <td style="vertical-align: top;"> <b>RETAIL</b>            26 Bar            27 Buy/Sell/Trade Shop            28 Restaurant            29 Gas Station            30 Auto Sales Lot            31 Jewelry Store            32 Clothing Store            33 Drugstore            34 Liquor Store            35 Shopping Mall            36 Sporting Goods            37 Grocery/Supermarket            38 Variety/Convenience            39 Department Store            40 Other Retail Store         </td> <td style="vertical-align: top;"> <b>OUTSIDE</b>            41 Factory/Mill/Plant            42 Other Building            43 Yard            44 Construction Site            45 Lake/Waterway            46 Field/Woods            47 Street            48 Parking Lot            49 Park/Playground            50 Cemetery            51 Public Transit Vehicle            52 Other Outside Location            77 Other         </td> </tr> </table>								<b>RESIDENTIAL STRUCTURE</b> 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed  <b>PUBLIC ACCESS BLDGS.</b> 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital	<b>COMMERCIAL LOCATIONS</b> 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.	<b>RETAIL</b> 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store	<b>OUTSIDE</b> 41 Factory/Mill/Plant 42 Other Building 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other																										
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				*TYPE WEAPON/FORCE USED 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																	
*METHOD OF ENTRY 1 <input type="checkbox"/> FORCE 2 <input checked="" type="checkbox"/> NO FORCE *NO. PREMISES ENTERED		*METHOD OF ENTRY - MOTOR VEHICLE THEFT 01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed 06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled		*METHOD OF ENTRY - BURGLARY/B&E <table border="0" style="width:100%;"> <tr> <td>ENTRY</td> <td>EXIT</td> <td>ENTRY</td> <td>EXIT</td> <td>ENTRY</td> <td>EXIT</td> </tr> <tr> <td>1 <input type="checkbox"/> BASEMENT</td> <td>1 <input type="checkbox"/> DOOR</td> <td>2 <input type="checkbox"/> WINDOW</td> <td>2 <input type="checkbox"/> SIDE</td> <td>3 <input type="checkbox"/> FRONT</td> <td>3 <input type="checkbox"/> REAR</td> </tr> <tr> <td>2 <input type="checkbox"/> 1ST FLOOR</td> <td>3 <input type="checkbox"/> GARAGE</td> <td>4 <input type="checkbox"/> SKYLIGHT</td> <td>4 <input type="checkbox"/> ROOF</td> <td>5 <input type="checkbox"/> OTHER</td> <td>5 <input type="checkbox"/> OTHER</td> </tr> <tr> <td>3 <input type="checkbox"/> 2ND FLOOR</td> <td>4 <input type="checkbox"/> OTHER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> OTHER</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	1 <input type="checkbox"/> BASEMENT	1 <input type="checkbox"/> DOOR	2 <input type="checkbox"/> WINDOW	2 <input type="checkbox"/> SIDE	3 <input type="checkbox"/> FRONT	3 <input type="checkbox"/> REAR	2 <input type="checkbox"/> 1ST FLOOR	3 <input type="checkbox"/> GARAGE	4 <input type="checkbox"/> SKYLIGHT	4 <input type="checkbox"/> ROOF	5 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> OTHER	3 <input type="checkbox"/> 2ND FLOOR	4 <input type="checkbox"/> OTHER					4 <input type="checkbox"/> OTHER					
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METHODS OF OPERATION 89																																					
*NO. VICTIMS <b>11</b>		*VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS 3 <input type="checkbox"/> FINANCIAL INSTITUTION 4 <input checked="" type="checkbox"/> GOVERNMENT 5 <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) 6 <input type="checkbox"/> RELIGIOUS ORGANIZATION 7 <input type="checkbox"/> SOCIETY 8 <input type="checkbox"/> UNKNOWN 9 <input type="checkbox"/> OTHER		NAME (Last, First, Middle) <b>Society</b> ADDRESS (Street, Apt., City, State, Zip) PHONE																																	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE		*AGE/DOB *SEX *RACE <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> U *ETHNICITY *HGT *WGT *HAIR *EYES		*RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN																																	
*VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N IF INJURED, DESCRIBE INJURIES.		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		*VICTIM/OFFENSE LINK																																	
*AGG. ASSAULT/HOMICIDE CIRC		My signature verifies that the information on this report is accurate and true																																			
REPORTING OFFICER <b>TURNER DANIEL DEWAYNE</b>		APPROVING OFFICER <b>ROSSER JASON DORSEY</b>		DATE BADGE NO. <b>1805</b> DATE BADGE NO. <b>1192</b> DATE																																	
FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, follow-up assignment:		ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> SPECIAL COPIES <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS																																			

## OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER: 7019515-04702		INCIDENT DATE/TIME: 05/01/00 0000		2000 07/04/00		
PRIEE	NO. 1		NAME (Last, First, Middle) LIEKER David		AGE/ D.O.B.	
	ADDRESS (Street, Apt., City, State, Zip)				PHONE 513-814-3030	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						
VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED					
	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LY	LIT
	<input type="checkbox"/> THEFT FROM VEHICLE		VIN/CHAN			
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N
	VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE
	STOLEN AND/OR VEHICLE ASSOC. W/ SUSPECT NO.		AREA STOLEN	<input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS	ADDITIONAL DESCRIPTION	
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)					PHONE
	MOTOR VEHICLE NO. RECOVERED		DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		
	WHERE RECOVERED?					
	TOTAL VALUE \$0.00					
TY	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
PRO	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
	QUANTITY		DESCRIPTION			
	VICT. NO.		VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
NARRATIVE	<div style="border: 1px solid black; padding: 5px;"> <p>*****</p> <p>*****</p> </div>					
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## OHIO NARRATIVE

INCIDENT NUMBER 2019-05-0470

INCIDENT DATE AND TIME

01

01

2019

02:00:00

## STATEMENT OF FACTS

On May 21st 2019 the Butler County Sheriff's Office received a complaint from David Lierer, an ex Reily Township employee. Mr. Lierer advised that a current Reily Township employee was misusing Township property.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER TURNER DANIEL DEWAYNE

BADGE NO. 1805

DATE

110209 APPROVING OFFICER ROSSER JASON DORSEY

BADGE NO. 1192

DATE